(f) whether foreign companies and organisations play any role in the publicity with regard to deadly disease of AIDS?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No Sir. The method of estimation of HIV used in India is according to the WHO/UNAIDS HIV Estimation model. The recent revision of HIV estimates has been done in consultation with WHO/UNAIDS and other international organizations/experts. All these organizations have arrived at a consensus on HIV estimates in India. This method ensures uniformity and international comparability.

(c) The revised estimates of HIV infections are more accurate as they are based on an expanded surveillance system. The use of multiple data sources including National Family Health Survey-3, has helped in refining and improving the assumptions used for HIV estimation.

(d) Yes Sir. The methodology of HIV estimation includes data obtained from HIV Sentinel Surveillance and National Family Health Survey. The information obtained from these two sources follows a scientific sampling technique which avoids duplication.

(e) National AIDS Control Organisation conducts annual HIV Sentinel Surveillance across the country in different population groups. NACO has revised the operational guidelines for conducting HIV Sentinel Surveillance following an international consultation in April 2008 with the support of WHO. The next round of HIV Sentinel Surveillance is going to be conducted from 1st November 2008 to 28th February 2009. HIV Sentinel Surveillance is being implemented with the support of two national institutes (National Institute of Health and Family Welfare, New Delhi and National Institute of Medical Statistics, ICMR, New Delhi), seven Regional Public Health Institutes (All India Institute of Medical Sciences, New Delhi, Post-Graduate Institute of Medical Education and Research, Chandigarh, National AIDS Research Institute, Pune, National Institute of Epidemiology, Chennai, All India Institute of Hygiene and Public Health, Kolkata, National Institute of Cholera and Enteric Diseases, Kolkata and Regional Institute of Medical Sciences, Imphal) and State AIDS Control Societies of all the states and UTs.

(f) Foreign organizations through their Indian affiliates contribute in the implementation of IEC programmes for prevention, control and treatment of HIV/AIDS.

Child and maternal mortality rates

†70. SHRI LALIT KISHORE CHATURVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the mortality rate among children below the age of 5 years and the maternal mortality rate in the year 2006-07, *vis-a-vis* in the year 1990 and the details thereof, State-wise;

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†Original notice of the question was received in Hindi.

(b) whether it is a fact that the countries like China, Bangladesh and Nepal have achieved better success rate than India in this regard;

(c) whether it is also a fact that the main reasons for maternal mortality rate are anaemia, hemorrhage and infection which are due to lack of proper system;

(d) whether it is also a fact that 43 per cent of infants die within one month of their birth which is also due to lack of proper system; and

(e) whether there is a proposal to revamp the system and if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Sir, as per the National Family Health Survey-I (1992-93) and the National Family Health Survey-III (2005-06) the Under five mortality and the Maternal mortality ratio is as given below:-

Year	U-5 mortality	Maternal Mortality ratio
1992-93	109 (NFHS-I)	437 (NFHS-I)
2005-06	74 (NFHS-III)	301 (2001-03) (SRS)*

*NFHS-III did not survey MMR

(b) The Under five mortality rate and the Maternal mortality ratio as per the UNICEF report 2008 for China, Bangladesh and Nepal is as given below:-

Countries	U 5 mortality	Maternal mortality ratio (2005)
China	24	45
Bangladesh	69	570
Nepal	59	830

(c) The major causes of maternal death are as follows:-

haemorrhage (38%), sepsis (11%), and abortion (8%) (RGI-SRS 2006)

The health system is being made functional to provide timely care to all pregnant women. 51.3% (NFHS III) deliveries still occur at home, the government has instituted schemes for promoting institutional deliveries like Janani Suraksha Yojan (JSY) so more and more women opt for institutional deliveries so timely care could be given to all women.

(d) and (e) The neonatal mortality (children dying before one month) as per NFHS III (2005-06) is 39 per 1000 live births and is 52.7% of the under-5 mortality and the leading causes for neonatal mortality are asphyxia 23%, sepsis 26% preterm 28%. Since more than

50% (NFHS III) deliveries take place at home. The Government has under the National Rural Health Mission (NRHM) instituted post delivery home visits by the health workers so that timely care can be provided to new borns.

Pesticides in colas

†71. SHRI JAI PARKASH AGGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether traces of pesticides have been found in large quantities in cold drinks;

(b) whether Government is aware of the advertisements by cola companies which have been endorsed by celebrities claiming these cold drinks to be hundred per cent safe for cola users;

(c) if so, whether Government intend to ban the publication of such misleading advertisements; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) The products cold drinks are covered under the Standards of Carbonated Water prescribed under Prevention of Food Adulteration (PFA) Rules, 1995. The standards for carbonated water under the PFA Rules do not prescribe any limits for pesticide residues. However water used in the manufacture of carbonated water is required to conform to the standards of Packaged Drinking water, wherein the limits for pesticide residues have been prescribed. Water comprises approximately 88% of most of carbonated drinks.

Rule 43-A of the PFA Rules, 1955 provides that there shall be no advertisement of any food which is misleading or contravening the provisions of PFA Act, 1954 or the Rules made there under. Violation of any provisions of the PFA Act, 1954 and Rules made there under attracts penal action under the said Act. The PFA Act, 1954 is implemented by the State/UT Governments.

Maternal mortality rate

72. SHRI MAHENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that despite rapid economic progress, the country is still far away from the goal of lowering maternal mortality to less than 100 per 100,000 live births which still accounts for 25.7 per cent maternal deaths;

(b) if so, the details of action taken in this regard particularly in rural areas; and

(c) what is maternal and child mortality rates in different States and how far National Rural Health Mission has been instrumental in bringing down child and maternal mortality rates in the country?

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†Original notice of the question was received in Hindi.